

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/088887</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1					52					
3		1					53					
4		1					54					
5							55					
6		1					56					
7		1		1			57					
8		1			1		58					
9		1			1		59					
10		1			1		60					
11		1			1		61					
12		1			1		62					
13	1		1		1		63					
14	1		1				64					
15		1					65					
16	1		1				66					
17	1						67					
18	1						68					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			13				TOTAL DEP.					
TOTAL CLAIMS			16				TOTAL CLAIMS					